

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026026

Entity Name: PETITHOMME GROUP, LLC

FILED
Aug 22, 2007
Secretary of State

Current Principal Place of Business:

2290 10TH AVENUE NORTH
SUITE 503
LAKE WORTH, FL 33461 US

New Principal Place of Business:

6060 N W 43RD TERRACE
BOCA RATON, FL 33496 US

Current Mailing Address:

P. O. BOX # 3465
WEST PALM BEACH, FL 33402 US

New Mailing Address:

FEI Number: 33-1049066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PETITHOMME II, YVENY DR.
2290 10TH AVENUE NORTH
SUITE 503
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

PETITHOMME II, YVENY N PRES
6060 N W 43RD TERRACE
BOCA RATON, FL 33496 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: YVENY N PETITHOMME II

08/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PETITHOMME II, YVENY N DR,
Address: 2290 10TH AVENUE NORTH, SUITE 503
City-St-Zip: WEST PALM BEACH, FL 33461

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PETITHOMME II, YVENY N PRES
Address: 6060 N W 43RD TERRACE
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: YVENY N PETITHOMME II

PRES

08/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date